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OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS		First Named Inventor P		Polii		
		Title D		DRUG AUTHENTICATION		
		ılt	36	26		
		Examiner Name				
	Attorr	Attorney Docket Number 1089			390006us	
I hereby revoke all previous powers of attorney giv	en in the	above-Identii	led applica	tion.		
A Power of Attorney is submitted herewith.						
OR Inereby appoint Practitioner(s) associated with th Number as my/our attorney(s) or agent(s) to pros- identified above, and to transact all business in th and Trademark Office connected thereof. I hereby appoint Practitioner(s) named below as n	ecute the a e United S ny/our atto	the application 30743 led States Patent 30743 r attorney(s) or agent(s) to prosecute the application identified			ation identified	
above, and to transact all business in the United S	States Pate	nt and Traden	nark Office c	onnected there	with:	
Practitioner(s) Name			Regist	Registration Number		
Please recognize or change the correspondence address for the above-identified application to:						
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The address associated with Customer Number:						
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City		State		Zi	р	
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I am the: Applicant/Inventor. OR						
Assignee of record of the entire interest, See 37 (Statement under 37 CFR 3.73(b) is enclosed. (Fo	CFR 3.71. mm PTO/S	B/96). submitte	ed herewith o	or filed on MA	RCH 21, 2006	
SIGNATURE	of Applic	ant or Assig	nee of Rec	cord		
Signature Shert Fi Mc Cottly				Date	6 APRIL ZOOP	
Name Robert E. McCarthy				Telephone	410-706-5539	
Title and Company IP Manager, University of Maryland, Baltimore						
NOTE: Signatures of all the inventors or assignees of multiple forms if more than one signature is required, see	record of	the entire inte	rest or their	representative	(s) are required. Submit	
☑ *Total of 1 forms are submitted.						

Application Number

POWER OF ATTORNEY

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a banefit by the public which is to file